

Committee on Dental Auxiliaries

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DOCUMENTATION OF RDHAP RELATIONSHIP WITH DENTIST

RDHAP Name:_____

Address:_____

City/State/Zip:_____

RDHAP License Number:_____

Pursuant to Business and Professions Code Section 1775(g), I have an existing relationship with at least the following dentist for referral, consultation, and emergency services:

Dentist Name:_____

License Number:_____

Address:_____

City/State/Zip:_____

Telephone Number:____(____)_____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DENTIST Signature Date

RDHAP Signature Date

Pursuant to California Code of Regulations Section 1090.1, the dentist's license must be current, active and not under discipline by the Board. An RDHAP must report any changes to the Board, in writing, within 30 days following such change.